



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

Family Investment Administration **ACTION TRANSMITTAL**

Control Number: 16-14

Effective Date: UPON RECEIPT

Issuance Date: April 25, 2016

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS**

FROM: ROSEMARY MALONE, EXECUTIVE DIRECTOR 

**RE: ABLE-BODIED ADULTS WITHOUT DEPENDENTS (ABAWDS)
VERIFICATION OF PARTICIPATION IN AN ACTIVITY AND
VERIFICATION OF DISABILITY FORM**

PROGRAMS AFFECTED: FOOD SUPPLEMENT PROGRAM (FSP)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY:

Customers identified as Able-Bodied Adults without Dependents (ABAWD) are required to participate in an activity, averaging 20 hours per week, 80 hours monthly or become exempt to receive additional FSP benefits beyond three months in a 36-month period (January 1, 2016 – December 31, 2018). To standardize verification of ABAWD activity and exemptions due to a disability, DHR has created two forms for case managers and community outreach workers to use. Both forms are attached to this action transmittal: one is titled Verification of Participation in an Activity (FIA/500b) and the other is Verification of Disability (FIA500a).

ACTION REQUIRED:

The Verification of Participation in an Activity form contains two sections that require both the customer and the customer's supervisor to complete. The supervisor's signature is also required in each section.

The Verification of Disability form contains one section that the customer completes and a second section, which must be completed and signed by a certified, licensed health professional. A physician does not have to sign the form. Examples of acceptable non-physician health care providers include, but are not limited to: Licensed Clinical Social Workers (LCSW), midwives, Registered Nurse Practitioners (RNP), therapists and

acupuncturists.

Case managers, as always, should assist the customer in completing his/her portion of the form, if necessary. Completed forms must be returned to the Local Department of Social Services by mail, fax or in-person.

Case managers must remember that an obvious or an otherwise known disability does not require verification; case managers have discretion when applying an ABAWD exemption due to a disability. Case managers are required to narrate all actions and include the type of disability exemption in CARES.

Ongoing verification throughout the certification period is not required. ABAWD customers follow simplified reporting requirements **and** must report if their participation hours drop below an average of 20 hours per week.

Remember that ABAWDs must be screened at each application for employment, participation in an activity and potential exemptions.

ATTACHMENTS

VERIFICATION OF PARTICIPATION IN AN ACTIVITY –FIA/500b
VERIFICATION OF DISABILITY-FIA/500a

INQUIRIES:

Please direct all FSP inquiries to Rick McClendon at 410-767-7307 or rick.mcclendon@maryland.gov. Please direct ABAWD questions Taneicsha (Dani) Whittaker at 410-767-5510 or taneicsha.whittaker@maryland.gov.

cc: DHR Executive Staff
FIA Management Staff
Constituent Services
DHR Help Desk